



**FAA War Risk Insurance Program  
Premium Reconciliation Form**  
AMENDMENT 13 and 13A  
February 9, 2004 through August 31, 2004



Company Name	FAA Insurance Policy Number	Date
<hr/>	PR-LWR-____-____	
<i>Enter name as it appears on your FAA insurance policy</i>		

## PART 1 Report of Deposit Premium Payments

### DEPOSIT PREMIUM INFORMATION

Enter the amounts paid for the deposit premium for the previously submitted invoice to the FAA

If you had coverage under either Amendment 13 or 13A, indicate in the appropriate box how much you paid the FAA for your deposit premium.

Amendment **13/13A** February 9, 2004 to August 31, 2004

Amendment **13** Renewal (Coverage for Hull, Comprehensive and Third-party liability)

Enter the total deposit premium paid to FAA in Box 1

Box 1

Amendment **13A** Renewal (Third-party liability only policy)

Enter the total deposit premium paid to FAA in Box 2

Box 2

## PART 2 Actual Reported Data

Activity data as reported to Department of Transportation (DOT) Bureau of Transportation Statistics (BTS)

### DATA REPORTING REQUIREMENTS

Indicate whether or not you report information to DOT BTS and if so, under which requirement and under what name(s).

Do you report activity statistics to DOT? (circle one)

Yes

No

If yes, under which do you report? (circle one)

Form 41

298C

N/A

Name of air carrier(s) reporting that are covered under the FAA War Risk Policy

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**ACTUAL ACTIVITY DATA PER-AIR CARRIER COVERED UNDER THE FAA POLICY**

Enter below the name of each air carrier covered by the FAA war risk insurance policy, and the total actual activity data (numbers of enplanements, RPMs, and RTMs) which occurred during the term of the insurance policy (February 9, 2004 to August 31, 2004). Enter the grand totals for all air carriers in Boxes 3, 4 and 5 at the end of this page. **If you do not report to DOT BTS, enter the data from company records and be prepared to submit copies of the company records to the FAA Insurance Program Office.**

**GRAND TOTALS FOR THE FOLLOWING AIR CARRIER \_\_\_\_\_**

Enter the grand total for the airline named above

HERE > >	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Enplanements	RPMs	RTMs

**GRAND TOTALS FOR THE FOLLOWING AIR CARRIER \_\_\_\_\_**

Enter the grand total for the airline named above

HERE > >	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Enplanements	RPMs	RTMs

**GRAND TOTALS FOR THE FOLLOWING AIR CARRIER \_\_\_\_\_**

Enter the grand total for the airline named above

HERE > >	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Enplanements	RPMs	RTMs

**GRAND TOTALS FOR THE FOLLOWING AIR CARRIER \_\_\_\_\_**

Enter the grand total for the airline named above

HERE > >	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Enplanements	RPMs	RTMs

**GRAND TOTALS FOR THE FOLLOWING AIR CARRIER \_\_\_\_\_**

Enter the grand total for the airline named above

HERE > >	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Enplanements	RPMs	RTMs

**Total the actual activity data for ALL AIR CARRIERS being reported above.**

	<b>Box 3</b>	<b>Box 4</b>	<b>Box 5</b>
HERE > >	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	Enplanements	RPMs	RTMs



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## **PART 3 - Determination of Fleet Values, and Actual Earned Premiums for Three-Part Policies (Amendment 13)**

**This part is applicable only if you held a three-part insurance policy (Amendment 13). Holders of third-party liability-only policies (Amendment 13A) skip this section and go to PART 4, Liability Premium and Final Adjustments.**

Part I, HULL INSURANCE, Article VIII. PREMIUM PAYMENT, Paragraph A requires that the policy holder pay a premium of \$0.02 per thousand dollars of the total Sums Insured of the aircraft of the Insured as set forth in the Schedule as in effect of the date of this policy calculated on an aircraft day basis for 205 days.

**Note about fleet hull value computation methodology:** To determine the value per 205-day period, each aircraft's value (in thousands) is to be multiplied by a fraction representing the number of days (*n*) of the 205 (*n*/205) for which it was insured. The first day of the 205 day period is February 9, 2004. For example, an aircraft valued at \$10 million that was insured for 100 days of the period of insurance, the value to be reported is determined in the following manner:  $\$10,000 \times 100/205 =$  the value of the aircraft for the period of insurance.



**If you hold a three-part comprehensive policy, go to the PART 3 THREE-PART PREMIUM WORKSHEETS. If you hold a third-party liability only policy, go to PART 4.**

After you have completed your PART 3 Three-Part Premium worksheet, attach it to this page. Enter the earned premium from the worksheet in the following box.

Worksheet for Amendment 13      > > > > >      **Box 6**

This is your earned premium.

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## **PART 4 - Third-party Liability Only (Amendment 13A) Premium FINAL ADJUSTMENTS**



**If you hold a third-party liability only policy, go to PART 4 THIRD-PART LIABILITY ONLY WORKSHEET. If you filled out PART 3, skip this section.**

This section is only for holders of third-party liability only policies. After you complete your worksheet, attach it to this page.

If the earned premium final adjustment on the Worksheet is a positive number, enter it here:

**Box 7**

If the earned premium final adjustment on the Worksheet is a negative number, enter it here:

**Box 8**


Go to PART 5 B on the next page, and enter the number in the appropriate box.



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## PART 5 Deposit versus Actual Earned Premium Reconciliation

### A. FOR THREE-PART COMPREHENSIVE POLICY HOLDERS

Enter the earned premium amount from **Box 6** here:

Enter the deposit premium amount from **Box 1** here:

Subtract Box 10 from Box 9 and enter the difference here:

Box 9

Box 10


If the difference is a positive number, enter it here. This is how much you owe the FAA.

If a negative number, enter it here. This is how much the FAA owes you.


### B. FOR THIRD-PARTY LIABILITY ONLY POLICY HOLDERS

Enter the amount from **Box 7** here. This is what you owe the FAA.

Enter the amount from **Box 8** here. This is what the FAA owes you.


Apply the amount owed this policy holder by the FAA to the next deposit premium. > >

(Check this Box)

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## PART 6 Record Retention and Certification

Please be advised that you are required to retain the company records that support the information you provide to FAA for this reconciliation for a period of seven years from the date of this document, and that you may be required to make these records available to the FAA at any time during that period.

I certify that the amounts claimed herein are true and correct, and I am authorized to make this certification. I understand that this certification subjects the affirmant to the provisions of 18 USC 1001.

\_\_\_\_\_  
Signature of certifying corporate official

Date \_\_\_\_\_

\_\_\_\_\_  
Printed name and title of above certifying official

## PART 7 Payment Instructions

### A. REFUND DUE

If a refund is due to your company, please submit a company invoice with a reference denoted "Premium Refund." Include the following payment instructions. You will be paid with an ACH/ Electronic Funds Transfer (ACH/EFT).

FAA Reference Number: REC-4-04-- _____ <i>(two digit airline code)</i>	Company Invoice Number _____
<i>Taxpayer Identification Number</i>	
<i>Bank Name</i>	
<i>Bank Address (Include street, city and zip)</i>	
<i>Nine-digit bank ABA routing number</i>	
<i>Account Name</i>	
<i>Account Number</i>	

## B. PAYMENT DUE

If a payment must be made to the FAA, please submit your payment electronically or by check and reference the following number. Invoice Number: REC-4-04\_\_\_\_\_ (2 digit airline code)

To submit an electronic payment to the FAA:

To submit a check to the FAA:

Electronic Funds Transfer		Payment by Check
Name of beneficiary:	Federal Aviation Administration	<b>Do not send by U.S. mail</b> Use only courier service such as UPS, Fed Ex, DHL, Airborne, etc.
Address of beneficiary:	800 Independence Ave., SW Washington, DC 20591	<b>Make check payable to FAA and send to:</b> Federal Aviation Administration Aviation Insurance Program Office AEP-20 Room 939 800 Independence Ave., SW Washington, DC 20591
Receiver (Bank) Name:	TREAS NYC/(69001104)	
Receiver (Bank) Address:	U.S. Treasury c/o Federal Reserve Bank of New York	
Receiver (Bank) ABA No.:	<b>021 030 004</b>	
Account No:	69 00 1104	
Reference:	Invoice Number <u>and</u> Airline Name	

Fax reconciliation forms to the FAA War Risk Program Office at 202-267-3324 or 202-267-5370  
E-mail forms and Reconciliation worksheet to [eric.nelson@faa.gov](mailto:eric.nelson@faa.gov)

For questions or assistance call (202) 267-3090 or (202) 276-9943.



**You have reached the end. Remember to attach your worksheet. Read the payment instructions carefully**